

A Study on Delay in Discharge Process, in One of Multispeciality Hospital in Tanjore

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ABSTRACT

Discharge delays are one of those problems that spoil the overall pleasant experience inside the hospital. The study was conducted to identify the reasons and determinants of discharge delay in acute patients care. Delayed discharge is usually associated with a patient's medical conditions, delayed health care or medical advice, delayed diagnostic services, and delayed related health services. This paper deals with the discharge delay of inpatients in a selected hospital. An annexure was prepared to see the time taken by patients from the time of discharge till they actually leave the hospital premises. The outcome that is expected from this study was to identify the reasons for the delay of discharge and to come up with suggestions to reduce them.

KEYWORDS: Discharge delay, Accrued care patients, Medical consultation, Non English speaking

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1. INTRODUCTION

1.1. Definition:

Admission is the entry of a patient hospital/ward for therapeutic/diagnostic purpose. To provide health care services by observation, investigation, treatment and care. The discharge of a patient from the hospital means the release of a person admitted to the hospital from the hospital setting. Discharge delay is common for multi-specialty hospitals, discharge delay refer to situation of the patients were they are unable to leave the hospital, because it takes more time to complete the process.

1.2. Discharge process:

- Consultant notification of patient discharge
- Discharge Summary Prepared
- Drugs Returned to Pharmacy
- Drugs Returned Acknowledged by Pharmacy
- Discharge Initiated
- Activity Card send to billing
- Patient Settlement of bill
- Patient discharged

The objectives of the study include:

- To study the discharge process.
- To identify the causes of delay in discharge process.
- To suggest measures to reduce the delay in discharge process.

2. Literature review

- According to Lixia Ou, Lis Young, a study was conducted to identify the reasons and determinants of discharge delay in acute patients, the increasing demand for acute care hospital beds and a push for cost cutting requires efficient discharge planning. Delayed discharge has become a major issue because it leads to unanticipated length of stay and bed block. Both the quality and cost-effectiveness of care may be compromised as a result. In Australian context, delayed discharge is a major reason for the unavailability of beds in major acute care hospitals.
- According to the study of Andrew P Costa, Jeffry W Poss, it was identified the acute hospital discharge delays were the pressing concern for many health care administrator. In Canada, a delayed is defined by the alternate level of care [ALC] construct and has been the target of many provincial health care strategies. Little is known on the patient characteristics that influence acute ALC length of stay. This study examines which characteristic drive acute ALC length of stay those awaiting nursing home admission.
- According to Michael Emes, Smith, Suzanne, in the period from January 2013 to July 2014, three process change initiatives were undertaken at a major UK hospital to improve the patient discharge process. These initiatives were inspired by the findings of a study of discharge process using soft systems methodology. The

first initiative simplified time-consuming paperwork and the second introduced more regular reviews of patient progress through daily multi-disciplinary situation reports.

3. Methodology

The method used to collect the data was simple random sampling technique. According to Morgan's table 169 data

were taken and analyzed. The method of data collection used was checklist, which verified patient ID, Date, Ward, Doctor Entry time, Doctor Advice time, Doctor report writing time, Discharge summary time, Patient out time & Remarks, on four wards. This checklist helps to identify the root causes of the problem and reduce the delays in the Multi-specialty hospitals. Tool used for analysis is simple percentage analysis.

4. Analysis

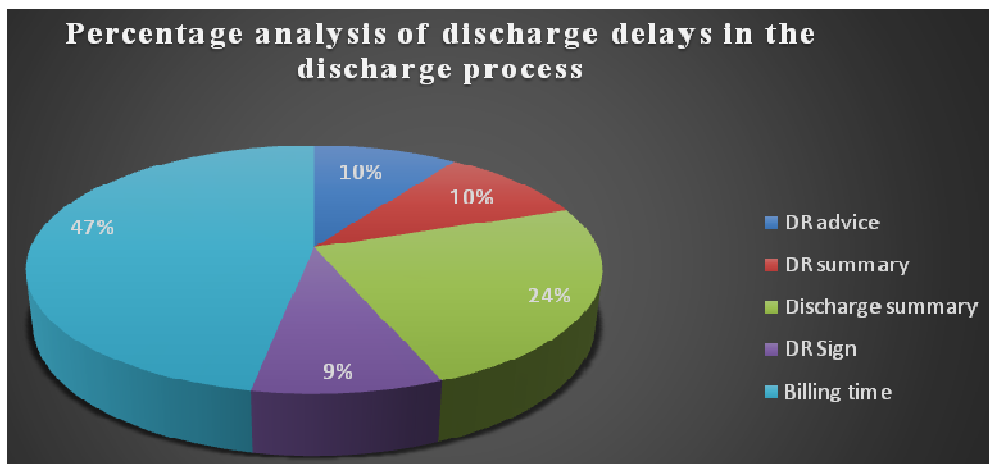


Chart 1.1 showing the percentage analysis of discharge delays in the discharge process

This chart shows that billing time (47%) is the highest delay when compared to other discharge process.

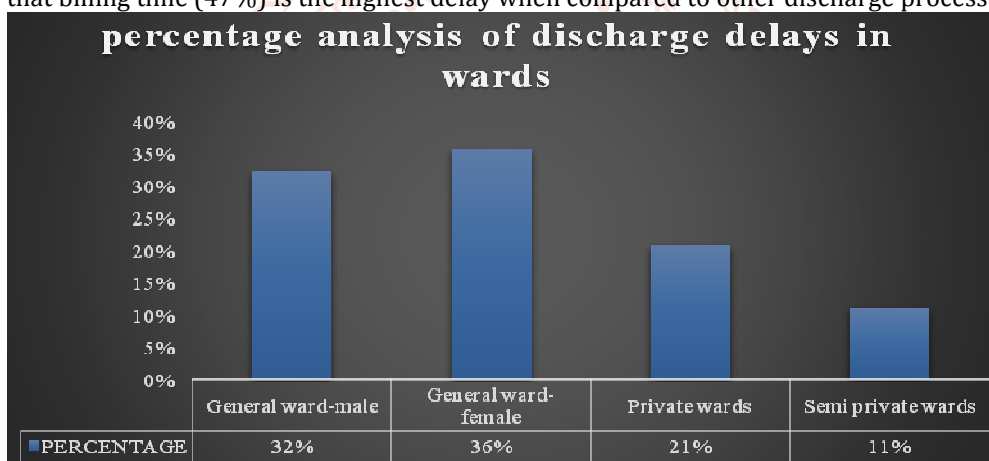


Chart 1.2 showing the percentage analysis of discharge delays in different wards

This chart shows that general ward-female (36%) has reported the highest delay when compared to other wards.

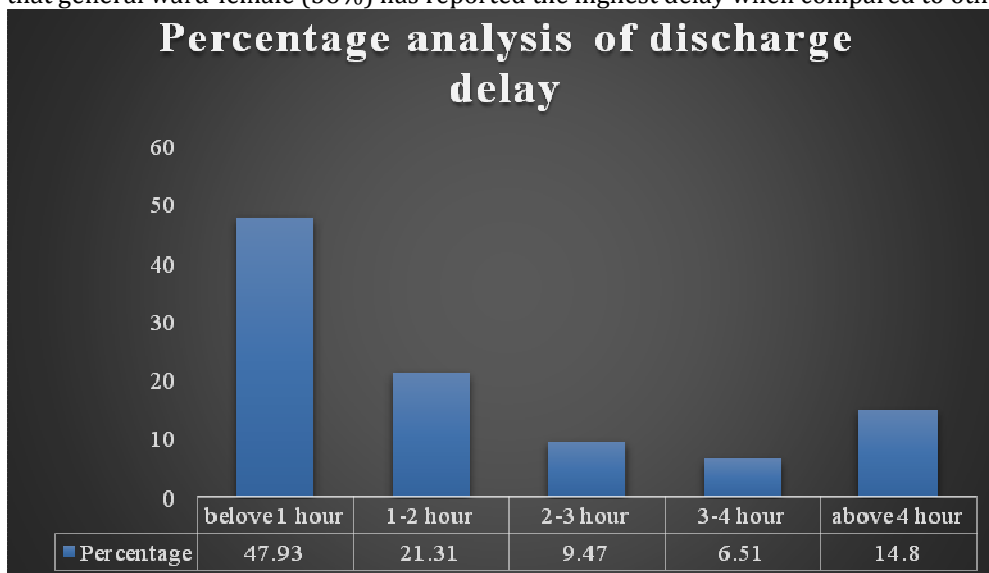


Chart 1.3 showing the percentage analysis of discharge delay

From the above chart, it is understood that discharge delay between 0-1 hours is 47.93%, which is highest.

From the above chart, it is understood that discharge delay between 1-2 hours is 21.31%

From the above chart, it is understood that discharge delay between 2-3 hours is 9.47%

From the above chart, it is understood that discharge delay between 3-4 hours is 6.51%

From the above chart, it is understood that discharge delay above 4 hours is 14.8%

5. Major findings & recommendations

- New nurses are not formally trained in the discharge process.
- There is only one billing counter for IP and OP.
- It is too late for insurance patients to get approval from their respective companies.
- Main cause of delay in discharge of inpatients is in providing medicines in the ward or collecting medicines in the pharmacy before getting discharged.
- More Time is consumed in preparation of Discharge summary.

The recommendations include,

- Proper training for the discharge process should be provided to nurses.
- Inpatients should be notified at least one day before discharge.
- Increase the number of staff at the pharmacy in order to reduce the waiting time for the drug to be collected.
- Discharge summary should be sent online to Insurance Dept
- Also setting up one more billing counter, will reduce the time delay

6. Conclusion

Therefore, the use of acute hospital beds is of particular importance at this time. Concentrating more on reducing discharge delay and considering the provided suggestions in this study may help to improve the hospitals reputation and which may also help in accommodating more patients for better treatment and health supports.

7. References

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